

CERTIFICATION PAGE

The statement below must be signed by the Institutional Official or his/her Authorized Designee¹ and submitted with the Program Description.

I hereby certify that the information contained in this Program Description is a true, accurate and complete representation of the (Accredited Unit and Parent Organization Name) animal care and use program as submitted. I further certify that (Accredited Unit and Parent Organization Name) will provide true, accurate and complete information during the site visit and subsequent related correspondence (e.g., post site visit communications, institutional responses) with AAALAC International. I understand that any false statements may result in revocation of accreditation of (Accredited Unit and Parent Organization Name).

Signature of Institutional Official or Authorized Designee

Printed Name

Date

¹ The Designee may be the AAALAC Unit Contact, Attending Veterinarian, or Chair of the IACUC/OB, and can sign this form with authorization from the Institutional Official.